FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>FLESHER GREGORY J.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Novus Therapeutics, Inc. [NVUS] | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
|--|--|------------|---|--------------------|--|--|-----|--|--------------------|---|-------------------------------------|---|--|---|--|
| (Last) (First) (Middle) C/O NOVUS THERAPEUTICS, INC 19900 MACARTHUR BLVD., SUITE 550 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/26/2019 | | | | | | | X Officer (give title Other (specify below) Chief Executive Officer | | | |
| (Street) IRVINE CA 92612 (City) (State) (Zip) | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. In Line | I | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| Date | | | | e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | e, Transaction Disposed Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | 5. Amoun Securities Beneficia Owned Fo | s Fo lly (D) ollowing (I) | rm: Direct I) or Indirect I (Instr. 4) (| 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code V | Amount | (A) o (D) | r Price | Transacti (Instr. 3 a | on(s) | | (Instr. 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 5) | |
| Stock Option (Right to Buy) | \$0.67 | 09/26/2019 | | A | | 100,000 | | (1) | 09/26/2029 | Common Stock | 100,000 | \$0.00 | 100,000 | D | |

Explanation of Responses:

1. This option represents a right to purchase a total of 100,000 shares of the Issuer's Common Stock, which will vest in equal installments on the first and second anniversary of the grant date, subject to the Reporting Person's continued service to the Issuer through each vesting date.

Remarks:

/s/ Ryan A. Murr, as attorneyin-fact for Gregory J. Flesher

09/30/2019

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.